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| (Requ | uestor's Name) | | |
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| (Addr | ress) | | |
| (Addr | ress) | www. | |
| (City/s | State/Zip/Phon | e #) , | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Busi | ness Entity Nar | me) | |
| (Document Number) | | | |
| · | | | |
| Certified Copies | Certificates | s or Status | |
| Special Instructions to Fi | ling Officer: | | |
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Office Use Only



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T. CLINE

OCT 26 2012

EXAMINER

COVER LETTER

| · Division of Co | rporations | | | | |
|---------------------------|--------------------------------------------|-------------------------------------------------------------------|-------------|---------------|--|
| SUBJECT: | MZL SC | LUTIONS LLC | | | |
| | | ted Liability Company | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all corresp | condence concerning this matter | to the following: | | | |
| | N | NATALIA BENDERSKY | | | |
| | | Name of Person | | | |
| | AFFINITY REALTY GROUP INC | | | | |
| | | Firm/Company | | | |
| | 1680 MIC | HIGAN AVENUE SUITE 10 | 24 | | |
| | | Address | | | |
| | MI | AMI BEACH FL 33139 | | | |
| | | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For further information | concerning this matter, please of | rall: | | ZZIZ | |
| NATA | ALIA BENDESKY | at (305) | 673-1160 | | |
| Name | of Person | Area Code & Daytime | | TÄR S | |
| | | | | | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) |) Certified | e of Status & | |
| | LING ADDRESS: stration Section | STREET/COURI Registration Sectio | | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | MZL SOLUTIONS LLC | | | |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------|------------------------|--|
| (Name o | f the Limited Liability Company as it now apportunity (A Florida Limited Liability Company | ears on our records.) | | |
| The Articles of Organization for th | is Limited Liability Company were filed on | 01/13/2010 | _ and assigned | |
| Florida document number | | | | |
| This amendment is submitted to an | nend the following: | | | |
| A. If amending name, enter the | new name of the limited liability company h | ere: | | |
| The new name must be distinguishab "L.L.C." | le and end with the words "Limited Liability Com | pany," the designation "LL | C" or the abbreviation | |
| Enter new principal offices addr | ess, if applicable: | | 2 | |
| (Principal office address MUST B | E A STREET ADDRESS) | ···· | | |
| | | <u>-</u> | | |
| | | သ သ (၁) | 25 | |
| Enter new mailing address, if ap | plicable: | Ç: | 9 2 17 | |
| (Mailing address MAY BE A POS | ST OFFICE BOX) | | | |
| | | | in in | |
| B. If amending the registered registered agent and/or the new | agent and/or registered office address on registered office address here: | our records, enter the | e name of the new | |
| Name of New Registered | Agent: | | | |
| New Registered Office A | | | | |
| | i | Enter Florida street addre | ess | |
| | | , Florida | | |
| | City | | Zip Code | |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title'</u> <u>Name</u>

| Title' | <u>Name</u> | Address | Type of Action |
|-------------|-------------------------------------------|--------------------------------------------------------|-----------------|
| MGRM | SORLA REAL ESTATE ABSETS CONSUMANTS LLC | 1680 MICHIGAN AVENUE STE 1024 MIAMI BEACH, FL 33139 | Add ✓ Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ling any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | ANY UMBIA |
| | | | - - |
| Dated | OCTOBER 22 201 | <u>2</u> . | |
| | 4 | or authorized representative of a member | <u></u> |
| | | IUEL STRAUCH r printed name of signee | <u></u> |

Page 2 of 2

Filing Fee: \$25.00